

Case Number:	CM14-0003530		
Date Assigned:	02/10/2014	Date of Injury:	08/19/2009
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [REDACTED] and has submitted a claim for Carpal Tunnel Syndrome associated with an industrial injury date of August 19, 2009. Treatment to date has included carpal tunnel release, left (12/16/2009); carpal tunnel release, right (12/01/2011), epidural steroid injection, and pain medications, which include Norco, Duexis, and Tylenol. Medical records from 2013 to 2014 were reviewed. The records show that the patient has been asymptomatic with regards to his problem at his left and right wrist after his operation, but he continuously experiences low back pain radiating to the right leg exacerbated when driving and sitting for prolonged periods. Upon physical examination, tenderness was noted at the lower lumbar spine. MRI of the lumbar spine dated February 18, 2011 revealed disc bulge at L4-L5, L5-S1. Electromyography/nerve conduction velocity dated March 9, 2011 shows L5-S1 radiculopathy. Utilization review from December 31, 2013 denied the request for Duexis 800/26.6mg #60 with 3 refills, and Norco 10/325mg #100 with 3 refills, on the basis that there was no adequate documentation of pain relief, side effects, physical and psychosocial factors to prove the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DUEXIS 800/26.6MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, updated 11/14/13, Duexis (Ibuprofen and Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46, and 111.

Decision rationale: Duexis is a combination of Famotidine and Ibuprofen. Page 46 of the CA MTUS Chronic Pain Guidelines states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use, as stated also on page 111. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, patient has been using ibuprofen (Motrin) since October 2013; and Duexis since November 2013. However, medical records submitted and reviewed do not document that patient was relieved from pain upon using this medication. Therefore Duexis 800/26.6mg #60 with 3 refills is not medically necessary.

NORCO 10/325MG #100 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 78 states that the 4 'A's for ongoing monitoring of patient's on opioid as analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. In this case, the patient has been using Norco since April 2013, but there is no documentation regarding the 4 parameters mentioned above, i.e. no documented relief of pain or functional improvement, no documentation of monitoring of side effects, and no notations regarding the presence or absence of aberrant drug taking behaviors. With this, there is no basis to prove that the continued use of Norco will be appropriate and necessary. CA MTUS requires clear and concise documentation for continuing opioid management. Therefore Norco 10/325mg #100 with 3 refills is not medically necessary.